

EPA Form 8700-12B (4-80)

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

CIRCUITRON CORP		
FARRINGDALE	NY	11735
	R.A.	11735
	82 NILBAR BLVD	S2 NILBAR BLVD FARBINGDALE NY 82 NILBAR BLVD

11/07/80

SEPA	NOTIFICATION OF HAZARDOUS WASTE ACTIVIT	
INSTALLA- TION'S EPA I.D. NO.		information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
I. STALLATION		complete and correct, leave Items 1, 11, and 111 below blank. If you did not receive a preprinted
INSTALLA-		label, complete all items. "Installation" means a single site where hazardous waste is generated,
II. MAILING	PLEASE PLACE LABEL IN THIS SPACE	treated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer
		to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The
LOCATION OF INSTAL- LATION		information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL	USE ONLY	in the things to the second of the second of the second
	COMMENTS	
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	ON'S EPA I.D. NUMBER APPROVED (yr., mo., & day)	the state of the s
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I. NAME OF IN	TALLATION	
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II. INSTALLAT		
502 m/	STREET OR P.O. BOX	
3 8 4 M/		45
SEDOM	CITY OR TOWN ST.	ZIP CODE
4	40 41 42	
III. LOCATION	OF INSTALLATION STREET OR ROUTE NUMBER	
5 8 2 MI	LBAR BLVD	
15 16	CITY OR TOWN ST.	ZIP CODE
6 FARMI	NGDALE	11735
15 16	TION CONTACT	47 - 51
	NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 GRIME	S DONALD PLANT MANAGE	R 5166944332
V. OWNERSHIP	the production of the producti	the state of the s
c a a	A. NAME OF INSTALLATION'S LEGAL OWNER	La i i i i i i i i i i i i i i i i i i i
8 LOMBA	RIDIO MARITO CI I PRESTIDE	MI
(enter the appropr	OWNERSHIP box) VI. TYPE OF HAZARDOUS WASTE ACTIVI	ITY (enter "X" in the appropriate box(es)) B. TRANSPORTATION (complete item VII)
F - FEDERA		H
M = NON-FI	56 59 C. TREATION	D. UNDERGROUND INJECTION
	TRANSPORTATION (transporters only – enter "X" in the appropulation of the company of the compan	OTHER (specify):
A. AIR	62 63 64 63	
Mark "X" in the a	SUBSEQUENT NOTIFICATION propriate box to indicate whether this is your installation's first notification	n of hazardous waste activity or a subsequent notification
If this is not your	irst notification, enter your Installation's EPA I.D. Number in the space pro	ovided below.
		C. INSTALLATION'S EPA I.D. NO
	T NOTIFICATION B. SUBSEQUENT NOTIFICATION (comp	
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Please go to the re EPA Form 8700-1	rerse of this form and provide the requested information.	CONTINUE ON REVERS

clease print or type with ELITE type (12 characters/inch) in the unshaded areas only.

GSA No. 0246-EPA-OT

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